

**New Jersey Department of Education**  
**EMERGENCY IMMIGRANT EDUCATION PROGRAM**  
**Fiscal Year 2001 Amendment Application Project Period 9/1/2000 to 8/31/2001**

1. PROJECT NUMBER: EIEP		2. LEA:		3. County:			
4. Contact Person:		4a. Tel. #		4b. Fax #			
5. Address:				6. Approved Award FY 2001 \$			
7. List reason(s) funds will not be expended as approved. Attach a separate sheet if necessary.							
8. EXPENDITURE CATEGORY	8a. FUNCTION OBJECT CODE	8b. FAMILY LITERACY	8c. INSERVICE TRAINING PERSONNEL	8d. ACADEMIC CAREER COUNSEL	8e. BASIC INSTRUCTIONAL SERVICE	8f. ED SOFTWARE TECH	8g. TOTAL
<b>INSTRUCTION</b> Salaries of Teachers	100-101						
Other Salaries for Instruction	100-106						
Purchased Prof. & Technical Services	100-300						
Other Pur. Serv. (400-500 series)	100-500						
General Supplies	100-610						
Textbooks	100-640						
Other Objects	100-800						
<b>SUBTOTAL INSTRUCTION</b>							
<b>SUPPORT SERVICES</b>	200-						
	200-						
	200-						
	200-						
<b>SUBTOTAL – SUPPORT SERVICES</b>							
<b>FACILITIES ACQUISITION &amp; CONST SERVICE</b>							
Buildings (Use Charge)	400-720						
Instructional Equipment	400-731						
Noninstructional Equipment	400-732						
<b>SUBTOTAL - FACILITIES ACQ &amp; CONSTR</b>							
Schoolwide Programs: Abbott	520-930						
Schoolwide Programs: Non-Abbott	520-932						
<b>TOTAL FUNDS</b>							
<b>GRAND TOTAL FUNDS</b>							
9. To the best of our knowledge, we certify that this report is accurate. Approved by Chief School Administrator: _____ (Signature): _____ Date: _____ Approved by Board Secretary/Sch. Bus. Admin.: _____ (Signature): _____ Date: _____ <div style="text-align: right;">Board Approval Date: _____</div>							
FY 2001 Budget Amendment Approval				For State Use Only			
Denied		Approved		Date:	OBEI Signature:		
Denied		Approved		Date:	OGMD Signature:		

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## INSTRUCTIONS FOR COMPLETING AMENDMENT APPLICATION FORM

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- Section 1            List the four – digit district code after the “EIEP”
- Sections 2 – 5      Complete all the identifying information.
- Section 6            Enter your district’s approved FY 2001 award.
- Section 7            Provide a brief but specific explanation of why funds will not be expended as originally approved. Clearly indicate the changes proposed (e.g. change in goals, objectives, and activities).
- 8-8a                For the *Support Services* expenditure category (column 8) write in those items and function/object codes (column 8a) as needed to identify the expended funds.
- Section 8b – 8f    Enter by line item the total of the amendment.
- Section 8g            Enter by total by line item and total at the bottom under grand total funds.
- Section 9            Chief School Administrator and Board Secretary/School Business Administrator sign and date. Provide date that the amendment was approved by the board of education.

**Send the original of this Amendment Request Form to:**

Emilio Fandino, Acting Director  
New Jersey Department of Education  
Office of Bilingual Education & Equity Issues  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Please maintain a copy of the application in the district office.

**New Jersey Department of Education  
Emergency Immigrant Education Program  
BUDGET DETAIL  
Fiscal Year 2001**

**LEA Name:** \_\_\_\_\_

Project Number: EIEP \_\_\_\_\_-01

[illegible]

<b>INSTRUCTIONS FOR COMPLETING BUDGET DETAIL PAGE</b>
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Use as many budget detail pages as needed.

X    Enter LEA name and project number.

**Complete each column as described below for those costs to be fully or partially paid from EIEP funds:**

**APPLICATION AREA:** List the area in which you are applying. (i.e. Family Literacy)

**EXPENDITURE CATEGORY:** List the expenditure categories in the same order as they appear on the Grant Project Budget Statement.

**FUNCTION/ OBJECT CODES:** List the appropriate GAAP codes.

**DESCRIPTION/ITEMIZATION:** List/describe the item(s) to be funded in each category. For the salary categories, list each position separately by title. Indicate summer/stipend employees.

**ITEMIZED BUDGET:**

1. Salaries (100-101 & 106; 200-102,103,104,105 & 110): Indicate the amount of program funds used to support all positions
2. Purchased Services (100-300 & 500; 200-320, 330, 340 & 590): Specify the costs for services including the rate of payment (i.e., hourly, daily, per item, per pupil); the amount of service to be provided (i.e., number of pupils, evaluation, hours); and the total cost budgeted from program funds.
3. Instructional Supplies (100-610): List the total being requested, but include a description of how the funds will be used.
4. Textbooks (100-640): Provide total costs.
5. Noninstructional Supplies and Materials (200-600): Show administrative and program costs.
6. Equipment (400-731 & 732): Describe and specify the cost for each piece of equipment (unit cost of \$500 or more), separating instructional and noninstructional equipment. **Budget whole dollars only.**
7. List costs for all other areas similarly to those described above.

**EMPLOYEE BENEFITS (200-200):** Indicate the fringe benefits to be paid for each position by function & object code. Separate fringe benefits into two categories (1)Teacher's Pension and Annuity Fund (TPAF)/ social security costs (FICA), (2) other fringe benefits such as health benefits and group insurance.

**NOTE:** A minimum of 15% of the budgeted salary for each TPAF member must be budgeted for TPAF and FICA contributions.